

**Primary care providers should be trained to understand the potential medical, mental health, or substance abuse disorders of returning veterans and their families.**

and referral into treatment (SBIRT) to reduce misuse of alcohol or other illegal drugs.<sup>18,19,h</sup> Data have shown that SBIRT is effective in reducing the use of alcohol by people who consume five or more alcoholic beverages in one setting (alcohol “abuse”) or those who use illegal substances. This model has been studied for more than 20 years and has been shown to be effective in different outpatient settings, including primary care provider offices, Federally Qualified Health Centers, health departments, and school-based clinics.<sup>20-22</sup> Moreover, studies have shown that implementation of SBIRT reduces emergency department and hospital costs.<sup>23</sup> For every one dollar spent on SBIRT, there is a corresponding decrease in health care costs of between four and seven dollars.

The state and federal governments, community agencies, and other partners have been working together as part of the North Carolina Governor’s Focus on Servicemembers, Veterans, and Their Families to develop broader systems of care for returning veterans and their families. (See Chapter 6.) This group has been working since 2006 to improve the capacity of state and local agencies and organizations to improve systems of care, including primary care, mental health services, and substance abuse services, for returning veterans and their families. As part of this larger effort, the Citizen Soldier Support Program, the Governors Institute on Substance Abuse, the Area Health Education Center (AHEC) program, and the Durham VA Medical Center developed a statewide training initiative to increase the skills and awareness of primary care providers, as well as mental health and substance abuse professionals, about the medical and behavioral health needs of active and former military members and their families. Since 2006, this training has been provided to 622 licensed clinical social workers and licensed clinical addiction specialists and 105 physicians, nurse practitioners, and physician assistants.<sup>i</sup>

Additionally, AHEC, the Governor’s Institute on Substance Abuse, DMHDDSAS, and the Integrated, Collaborative, Accessible, Respectful and Evidence-Based care project (ICARE) have been working together to provide training and technical assistance to primary care providers to encourage them to implement SBIRT in their practices. (ICARE is described more fully below.) As part of the partnership with ICARE, AHEC and partnership organizations also help train primary care providers to provide evidence-based screening and treatment for depression.

h More information on SBIRT is available on the Substance Abuse and Mental Health Services Administration website: <http://sbirt.samhsa.gov/about.htm>

i The DMHDDSAS and the Behavioral Healthcare Resource Program of the Jordan Institute for Families at the University of North Carolina School of Social Work have cosponsored the workshop *PTSD, Substance Abuse, and Returning OEF/OIF NC Guard and Reserve Veterans*. This workshop addresses issues faced by returning combat veterans that substance abuse professionals need to know. A total of 583 substance abuse professionals attended 14 full-day training events from 2006 to 2009, with three workshops scheduled for fall 2010. An advanced 20-hour course was offered at the North Carolina School for Alcohol and Drug Studies for the past two summers, with 14 substance abuse professionals attending in 2009 and 25 substance abuse professionals attending in 2010. *Postdeployment Mental Health Issues: Working with Veterans of Iraq and Afghanistan and their Families* provides evidence-based practices in the assessment of PTSD. A total of 105 physicians, nurse practitioners, and physician assistants attended the nine 2-hour workshops.